CONSORT-NPT score from 2004 to 2010 (95% CI 2.77-6.71, p<0.001). This related specifically to items present in the original CONSORT statement rather than to CONSORT-NPT specific items which remained poorly reported in 2010.
Conclusion: There has been a significant improvement in the reporting of trials of operative intervention published in the surgical literature since 2004, however items specific to the CONSORT-NPT remain under reported.

0103: TOWARDS NATIONAL SURGICAL SURVEILLANCE IN THE UK - A PILOT STUDY

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Aims: The Bristol heart enquiry highlighted the lack of standards for evaluating surgical performance. In contrast, standardised metrics like maternal and infant mortality have long been used in public health surveillance. In 2009, the WHO proposed six standardised surgical metrics (SSMs) for surgical surveillance. This is the first study to collect and analyse WHO SSMs from a cohort of NHS Trusts to determine their utility in measuring surgical performance.
Methods: FOI requests for WHO SSMs were made to 36 NHS Trusts in England during autumn 2010. Additional data was obtained from the NPSA, Dr Foster and the Guardian Newspaper. Analysis was performed using mixed-effect logistic regression.
Results: 30/36 trusts responded (83%). Over five years, 5.4 million operations were performed with a 24.2% increase from 2005-2009. There was a statistically significant trend of some hospitals increasing in mortality ratios and some decreasing. Rising volume of operations within hospitals over five years was associated with lower mortality ratios (odds ratio for 30-day mortality 0.94, 95% CI 0.87,1.00). HSMR was not associated with surgical mortality (p=0.7).
Conclusion: SSMs could provide policy makers and commissioners with valuable summary data on surgical performance, allowing for statistical process control of a complex intervention and building a picture of surgical surveillance.

0150: PATIENT SATISFACTION WITH BOTULINUM TOXIN (BOTOX) INJECTIONS FOR OVERACTIVE BLADDER AT UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE (UHNS)

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Aims: To assess patient satisfaction with bladder botox for the treatment of OAB in departments of Gynaecology and Urology at UHNS.
Methods: 60 female patients, median age 59 years (range 35-85) that had bladder botox undertaken in departments of Gynaecology (67%, n=40) and Urology (33%, n=20) between January 2008-March 2011 were identified and sent a satisfaction questionnaire.
Results: 67% (n=40) of questionnaires were returned. The majority of patients (58%, n=23) had undergone one bladder botox procedure and 42% (n=17) patients had ≥2 procedures. 80% (n=32) were investigated with urodynamic studies and 58% (n=23) had been referred for physiotherapy prior to the bladder botox.
Following bladder botox, 50% (n=20) experienced a prompt improvement within 1 week and 30% (n=11) experienced an improvement between 2 weeks and 4 months post-procedure. Symptom improvement lasted between 0-9 months for 53% (n=21) of patients.
Overall, 73% (n=29) of patients found bladder botox either 'exceeded' or 'met' their expectations. 80% (n=32) of patients would have repeat bladder botox and 78% (n=31) would recommend the procedure to a friend.
Conclusions: Bladder botox appears to have positive effects in treating symptoms of OAB with high rates of patient satisfaction. Management of patient expectations pre-operatively needs to be improved.

0166: PATIENT OUTCOMES IN NONAGENARIANS UNDERGOING ELECTIVE AND EMERGENCY GENERAL SURGICAL PROCEDURES: THE WEST SUFFOLK HOSPITAL EXPERIENCE

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Aims: To investigate and compare patient co-morbidities and outcomes in all nonagenarians undergoing elective (EL) and emergency (EM) general surgical procedures.
Methods: Nonagenarians were identified between January 2008 and October 2011 and notes retrospectively analysed for co-morbidities, ASA grade, post-operative complications, 30day and 1year mortality. Data were analysed using Minitab15.
Results: 38 patients underwent general surgical procedures (19EL, 19EM). With a median age of 92[91-95] years. 73% were female. EM were older than EL (94[92-96]vs.92[90-92]years, p=0.0086). There was a trend towards significance in the % of ASA4 patients in EM vs. EL (36.8vs10.5%, p=0.056). Co-morbidities included hypertension (84.2%), atrial fibrillation (31.2%), ischaemic heart disease (31.2%), heart failure (21.1%) and diabetes mellitus (18.4%). EM had more post-operative complications than EL: pneumonia (47.4vs.10.5%, p=0.012), arrhythmia (26.3vs.0%, p=0.016), acute renal failure (26.3vs.0%, p=0.016), greater admission rates to ITU (21.1vs.0%, p=0.034) and longer hospital stays (17[7-25]vs.4[1-7]days, p=0.0003) respectively. 30day and 1year mortality for EM were 21.1 % and 41.7% respectively. All EL patients were alive at one year.
Conclusion: Nonagenarians having emergency surgical procedures had worse outcomes than those having elective procedures. Age shouldn't be a barrier for elective procedures as, at least at WSH, all patients were alive after one year.

0180: THE COAGULATION SCREEN IN SURGICAL PATIENTS - A WASTE OF MONEY?

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Aim: Coagulation screens in surgical patients are often routinely requested while not appropriately indicated. A coagulation screen costs £4.81, and often does not alter management. We performed a prospective audit of surgical inpatients in a district general hospital, comparing to Trust and NICE guidelines, to establish if coagulation screen requests were appropriate and identify cost implications.
Method: All coagulation screen requests in surgical inpatients over a 2 week period were analysed and compared to Trust and NICE Guidelines. Medical notes and laboratory results were reviewed.
Results: 100 coagulation screen requests over a 2-week period; 52% requests for elective, 48% for emergency admissions. Only 32% requests were indicated as per guidelines. Inappropriate screens were typically due to unnecessary pre-operative (62%), and pre-interventional Radiology requests (21%). No unexpected coagulopathy was found. Over 2-week period, total cost of inappropriate screens: £327.08.
Conclusions: Despite guidelines, there were a large number of unnecessary screens performed, costing £327.08 per 100 coagulation screen requests. Extrapolating over 1-year, £8504.08 would be spent on inappropriate screens. Audit cycle was repeated following education for junior and senior medical staff, demonstrating a marked decrease in number of requests (42) over 2-week period, with an improvement of indicated requests (32% to 38%).

0192: HAS THE IMPLEMENTATION OF THE CURRENT PRE-OPERATIVE FASTING GUIDELINES (UK GIFTASUP) BEEN SUCCESSFUL? AN AUDIT OF CURRENT PRACTICE

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Introduction: In patients without disorders of gastric emptying undergoing elective surgery it is unnecessary and undesirable to restrict access to clear fluids for more than two hours prior to induction of anaesthesia (national UK GIFTASUP guidelines). However many patients are still made nil by mouth (NBM) from midnight.
Methods: A prospective audit of all surgical patients undergoing a general surgical procedure requiring a general anaesthetic using a structured questionnaire over a 20 day period was performed. Day case procedures were excluded.
Results: 75 patients were followed through the perioperative period with 41 elective and 34 emergency cases. The average pre-operative NBM period for clear liquids was 14 and 19 hours in the elective group and emergency group respectively. Zero patients in the elective group had clear